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Hutchison + Mason PLLC

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Date: November 10, 2005

To: USPTO

From: Mary B. Grant

Attention:

Fax: +1.919.829.4332

Fax: 571 273 8300

Direct Phone: +1.919.829.4311

Your Ref.: 10/024,143

Our Ref.: CMED.10185

No. Pages: 12 (incl. this page)

Comments:

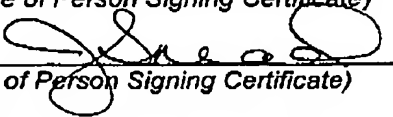
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Documents enclosed:

Transmittal Letter (In duplicate)	2 pages
Petition for Extension of Time (In duplicate)	2 pages
Response to Restriction Requirement	7 pages

Jennie Snead

(Typed Name of Person Signing Certificate)

  
(Signature of Person Signing Certificate)

Date of Signing: November 10, 2005

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

9

Application Number

10/024,143

Filing Date

December 21, 2001

First Named Inventor

John S. BOBO

Art Unit

1615

Examiner Name

David L. Vanik

Attorney Docket Number

CMED.10185

**ENCLOSURES (Check all that apply)**

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/  
Incomplete ApplicationReply to Missing Parts  
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a  
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_



Landscape Table on CD

Remarks

The Director is hereby authorized to charge any appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-3216. This paper is submitted in duplicate.



After Allowance Communication to TC

Appeal Communication to Board  
of Appeals and InterferencesAppeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



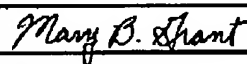
Status Letter

Other Enclosure(s) (please identify  
below):**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Hutchison &amp; Mason PLLC

Signature



Printed name

Mary B. Grant

Date

November 10, 2005

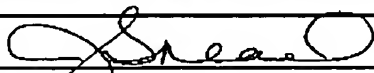
Reg. No.

32,176

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Typed or printed name

Jennie R. Bnead

Date

November 10, 2005

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TRANSMITTAL  
FORM

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Total Number of Pages in This Submission

9

Application Number	10/024,143
Filing Date	December 21, 2001
First Named Inventor	John S. BOBO
Art Unit	1615
Examiner Name	David L. Vanik
Attorney Docket Number	CMED.10185

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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## Remarks

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Hutchison & Mason PLLC
Signature	<i>Mary B. Grant</i>
Printed name	Mary B. Grant
Date	November 10, 2005
Reg. No.	32,176

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Signature	<i>Jennie R. Shead</i>
Typed or printed name	Jennie R. Shead
Date	November 10, 2005

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